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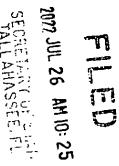
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC	EYCARGO			
SUBJEC	T:		ited Liability Company	.
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		ORLEY COBA SUAREZ		
			Name of Person	
		EYCARGO.LLC		
			Firm/Company	
		13535 CORONADO DR		
			Address	
		SPRING HILL, FL 34609		
			City/State and Zip Code	
		regulatory@finocompany.c	om to be used for future annual report notification)	
For furthe	er information co	oncerning this matter, please ca	-	
ORLEY	COBA SUARE	Z	305 7441633 at ()	
	Name o	f Person	Area Code Daytime Telepho	one Number
Enclosed	is a check for th	ne following amount:		
■ \$2 5.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	Mailing Addres	- 	Street Address:	
	Registration S Division of C		Registration Section Division of Corporatio	ns
	PO Box 632		The Centre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

FILED

EYCARGO.LLC

2022 JUL 26 AM 10: 25

(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears on bility Company)	n our records. YARY IALLAHAS	SEE. FI
The Articles of Organization for this Limited L Florida document number L22000303840				and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ty company here:	;	
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the design	nation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our reco	rds, enter the nam	e of the new registere
Name of New Registered Agent:	ORLEY COBA S	UAREZ		
New Registered Office Address:				
	Enter Florida street address			
	 		, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ORLEY COBA SUAREZ	13535 CORONADO DR	□ Add
		SPRING HILL, FL 34609	□Remove
			■ Change
			□ Add
			□Remove
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Effective date, if other	than the date of fili	ng:		(option	nal)		
f an effective date is listed, t Note: If the date inserted	he date must be specific a I in this block does not	nd cannot be prior to t meet the applical	o date of filing or mo ole statutory filing	re than 90 days after f requirements, this	iling.) Pursua date will no	ent to 605.0 It be listed	0207 :d as 1
document's effective date				•			
e record specifies a delayerd is filed.	ed effective date, but no	ot an effective tim	ne, at 12:01 a.m. o	n the earlier of: (b)	The 90th	day after	the
Dated July 13		2022	_•				
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1	4.11						

Typed or printed name of signee